

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 10:</b> Adoption/Permanency	<b>Effective Date:</b> August 1, 2008
	<b>Tool 10.B:</b> Child Social Summary	<b>Version:</b> 1

## CHILD SUMMARY

**CHILD'S FIRST NAME:**

**CHILD'S NICKNAME:**

**DATE OF BIRTH:**

**SEX:**

**RACE:**

**SIBLINGS:**

### REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT/ ABUSE/NEGLECT

- List reports of abuse and neglect and reasons child taken into care
- Dates of involvement and removal

### I. EVALUATION OF THE CHILD'S NEEDS IN AN ADOPTIVE HOME.

- Child's understanding of termination
- Child's understanding of adoption
- Child's preparation for adoption, who is doing it
- Characteristics of family best suited for the child
- Child's behaviors that might affect adoptive home
- Transition plan

### TERMINATION OF PARENTAL RIGHTS:

Mother \_\_\_\_\_ Voluntary/Date \_\_\_\_\_ Involuntary/Date \_\_\_\_\_  
 Father \_\_\_\_\_ Voluntary/Date \_\_\_\_\_ Involuntary/Dat \_\_\_\_\_

## II. FAMILY HISTORY

### A. History of Birth Family:

- Birth Mother: Where was she born, when
- What does she look like; give a physical description
- What were her reasons for making an adoption plan for her child, if she did
- What was her childhood like
- What is her education and employment history
- What are her relationships with family, friends, birth father
- Drug and alcohol history

- Medical history for her and her family if known
- Intellectual and psychological functioning, List any diagnoses
- Talents, strengths
- Birth Father: Where was he born, when
- What does he look like? Give a physical description.
- Has paternity been confirmed.
- What were his reasons for making an adoption plan for his child, if he did so.
- What was his childhood like
- What is his education and employment history
- What are his relationships with family, friends, birth mother
- Drug and alcohol history
- Medical history for him and his family if known
- Intellectual and psychological functioning. List any diagnoses
- Talents and strengths

**B. Child's understanding of his past:**

- Child's understanding of why he/she came into care
- Child's feelings regarding termination and subsequent adoption
- Was there or will there be a good bye visit
- Will there be any on-going visitation and if so, with whom

**C. Status of Siblings:**

- List siblings by name and age
- Will the siblings be placed together
- If not, reasons for not placing together
- Visitation arrangements

**III. PHYSICAL DESCRIPTION OF THE CHILD**

**HEIGHT:**

**WEIGHT:**

**EYE COLOR:**

**HAIR COLOR:**

**IDENTIFYING PHYSICAL FEATURES:**

**IV. EDUCATIONAL FUNCTIONING**

- Schools attended
- Special education classes
- Special services
- Current grade and school
- Behavior at school
- Academic achievements

**V. EMOTIONAL FUNCTIONING**

- Past emotional functioning and behaviors
- Current emotional functioning and behaviors
- Diagnoses, evaluations completed, when, by whom, results
- Is child receiving counseling, with whom, frequency, issues being addressed
- How does child express feelings

**VI. PERSONALITY:**

- How does the child present himself/herself (shy, outgoing, friendly, etc)
- How does the child relate to peers, adults, authority figures and animals
- Who is important in this child's life
- What discipline or behavior modifications have been used and have they been successful

**VII. MEDICAL INFORMATION:**

- Birth record information
- General health
- Medical conditions
- Medications
- Hospitalizations, when, what type of facility and for what type of treatment

**VIII. HISTORY OF PLACEMENTS:**

- List placements chronologically and the reason for leaving
- What does the child believe the reason for each move was and what was he/she told was the reason?

**IX. CHILD'S STRENGTHS:**

- List the positive traits for the child
- Tell what he/she enjoys doing for fun, hobbies, interests, talents, etc.
- Summarize progress since being in care (social, behavioral, educational, etc)

**X. FUNDING AVAILABLE:**

- Is the child eligible for AAP, NRAE, County Adoption Subsidy, Social Security

**DATE COMPLETED:**

**DATE UPDATED:**

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**Family Case Manager**

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**Supervisor**